

Rollover Form Instructions

Use this form if you are rolling money from a retirement plan or IRA into your Montgomery County Government 401(a) Retirement Plan.

Please read the instructions below prior to filling out the Rollover Form.

Return this form in the enclosed postage-paid envelope **OR** mail to:

Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090

You should fill out this form if you want to roll your money over from a previous employer's retirement plan or individual retirement account (IRA) to the Montgomery County Government 401(a) Retirement Plan as a direct rollover or you received money from a retirement plan or IRA within the prior 60 days and wish to do an indirect rollover.

Process: Obtain the following from the plan administrator, trustee, or custodian who manages the assets in your prior employer retirement plan or IRA

1. A check for the amount of the rollover. If this is an indirect rollover, **you** must send a certified check.
2. The check should be payable to either Fidelity Management Trust Company (FMTCC), your Montgomery County Government Board of Investment Trustees or the trust for the plan. The check should be for your benefit (FBO).

Examples: Fidelity Management Trust Company FBO John Smith

ABC 401(k) Plan FBO Mary Jones

ABC 401(k) Trust FBO Mary Jones

Below are details on how to have the check completed.

Montgomery County Government Board of Investment Trustees for benefit of (your name).

Please call Fidelity if you have a question on how to have the check completed.

3. A distribution statement showing
 - a. the breakdown of assets by the type of retirement plan (e.g., 401(a), 401(k), 403(b), governmental 457(b))
 - b. the amount of all after-tax contributions

Please note:

Please check with Fidelity to determine what type of money may be rolled into your current employer's plan before you complete this form. IRS or plan restrictions may apply.

You must provide Fidelity with information on the type of plan and type of money (pretax or after tax) from which you are rolling assets. If you do not provide a distribution statement for the rollover or complete Section 5 of the form, the entire rollover will be returned to you.

Questions about your retirement plan options?

Call Fidelity Investments toll-free Monday through Friday from 8:00 A.M. to midnight ET.
For questions about:

Enrolling

1-888-8ENROLL (1-888-836-7655)

Transferring workplace retirement savings assets

1-800-427-6139

Existing Fidelity accounts

1-800-343-0860

Text Telephone Service Line (TTY) 1-800-259-9743 – For callers with speech and hearing impairments, this service offers direct access to a Fidelity Retirement Services Specialist and is available Monday through Friday from 8:00 A.M. to midnight ET.

Fidelity Investments Rollover Form

Return this form in the enclosed postage-paid envelope **OR** mail to
Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090

1. YOUR INFORMATION

Please use a pen and print clearly in CAPITAL LETTERS.

Social Security #:

Date of Birth:

First Name & M.I.:

Last Name:

Street Address:

Apt. No:

City:

State:

Zip:

Daytime Phone:

Evening Phone:

2. YOUR CURRENT EMPLOYER INFORMATION

Name of Plan: **Montgomery County Government 401(a) Retirement Savings Plan**

Name of Employer sponsoring your Plan: **Montgomery County MD**

Address: **101 Monroe St**

City: **Rockville**

State: **MD** Zip: **20850**

Type of plan: ☒ 401(k) or 401(a)

3. YOUR PREVIOUS INVESTMENT PROVIDER

Please provide the name and address of the investment provider from which you wish to roll over. If you are rolling over assets from more than one investment provider, please use a separate rollover form for each (you can photocopy this form).

Name of Investment Provider:

Address:

City:

State:

Zip:

Account number(s):

4. SELECTION OF INVESTMENT OPTIONS

If you do not select investment options, we will move the new funds into the current investment options you currently have in your Fidelity retirement account.
I would like my rollover contribution invested in the following investment option(s):

Investment Option:

Fund Number:

Percentage:

%

%

%

%

%

%

Use whole percentages. Total: = 100%



5VFITSTGE31H

5. ROLLOVER CONTRIBUTION INFORMATION

I request that \$ _____ or _____ 100% of my eligible rollover amount be rolled into my current employer's plan.
I have attached _____

a check or money order payable to the plan custodian or trustee for my benefit (see instructions for specific language).

a distribution statement from my previous investment provider.

The rollover represents all or a portion of one of the following:

An eligible rollover distribution from a prior employer's retirement plan as a direct rollover

An eligible rollover distribution from a retirement plan which was paid directly to me*

A distribution from a rollover individual retirement account, which consisted solely of an eligible rollover distribution and earnings thereon ("conduit IRA")* and does not contain after-tax contributions.

*A rollover contribution must be received by Fidelity within 60 days of your receipt of such distribution. Your personal check will not be accepted. We only accept a cashier's or a certified check. The employer reserves the right to require sufficient evidence that your distribution is from a 401(a) plan, 401(k) plan, 403(b) plan, governmental 457(b) plan or a conduit IRA.

The rollover comes from the following type(s) of plan(s) in the following dollar amounts:

401(k) or 401(a) \$ _____

403(b) \$ _____

Portion that is after tax \$ _____

IRA \$ _____

6. AUTHORIZATION, APPROVAL, AND SIGNATURE

Individual Authorization

- I hereby agree to the terms and conditions stated in this rollover form.
- I certify under penalties of perjury that my Social Security number on this form is correct.
- I acknowledge that I have read the prospectus of any mutual fund in which I am investing my rollover contribution and agree to its terms.
- I certify that this account is being opened with a distribution from an employer-sponsored retirement plan that qualifies for rollover treatment or from an IRA and that I irrevocably elect to treat this contribution as a rollover contribution.
- I hereby direct the investment provider identified in Section 3 to roll over the amounts designated in Section 5 to my account under my employer's plan, except to the extent that my current employer's plan or federal law prohibits such a rollover. In the event certain assets are not eligible to be rolled over, I hereby direct said investment provider to retain the ineligible portion of my assets in a separate account or contract and to roll over the remainder as directed herein.
- I acknowledge that I am rolling eligible qualified plan, 403(b) plan, or IRA assets to my employer's plan.

Your Signature: _____

Date: _____